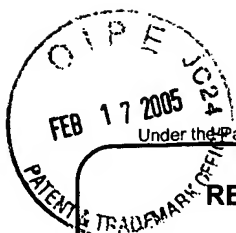


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PTO/SB/82 (09-04)

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AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10 606 253
Filing Date	6-25-2003
First Named Inventor	DINO MAKROPoulos
Art Unit	
Examiner Name	
Attorney Docket Number	48 77-1050s

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

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☐ Please change the correspondence address for the above-identified application to:

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	DINO MAKROPoulos				
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature	DINO MAKROPoulos		
Name	DINO MAKROPoulos		
Date	2-11-05	Telephone	732 - 759-9984

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.

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